

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90030 001 \*\*\*\*64.00

**DOCUMENT # N96000003974**

1. Entity Name

GLORIOUS HOLINESS CHURCH OF GOD, INCORPORATED



Principal Place of Business

1014 NE ST.  
PENSACOLA FL 32501  
US

Mailing Address

P.O. BOX 9523  
PENSACOLA FL 32513  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3152486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAUSEY, ANNA W  
3400 WEST BOBE STREET  
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Annie W Causey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	SCOTT, DANIEL	
STREET ADDRESS	1131 W LEE ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANNIE W. CAUSEY	
STREET ADDRESS	3400 W. BOBE ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIGGINS, ALONZO	
STREET ADDRESS	2608 WEST SCOTT ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	140 HEADWAY TERRACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOLT, CLEARTIS	
STREET ADDRESS	1110 N K ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STALLWORTH, ETHEL	
STREET ADDRESS	704 BEOUVIO ROAD	
CITY-ST-ZIP	PENSACOLA FL 32505	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Lelia	
STREET ADDRESS	1012 N.E. ST	
CITY-ST-ZIP	PENSACOLA, FL 32561	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, PAMPA	
STREET ADDRESS	3010 W Lee ST	
CITY-ST-ZIP	PENSACOLA, FL. 32501	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKWORTH, VIOLA	
STREET ADDRESS	1350 W. Nesoto ST	
CITY-ST-ZIP	PENSACOLA, FL. 32501	
TITLE	Daniel Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14284 Lexington Drive	
STREET ADDRESS	Seminole Alabama 36588	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Annie W Causey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

850434-0381

Daytime Phone #